



Peripheral Manufacturing, Inc.
4775 Paris St
Denver, CO 80239
USA

Attention to:

Fax:

Preprinted Label Order Form

To insure your preprinted label order is produced correctly, PLEASE fill this form out in its entirety. To send it back or if you have questions or need clarification, please contact us for assistance:

PERIPHMAN@PERIPHMAN.COM / 1-800-468-6888 / Fax 303-371-8643

The most efficient way to communicate your needs is to provide Netc with a copy or scanned image of a label currently being used in the library you are ordering these preprinted labels for.

Order Date: _____ **Company name:** _____

1. Media / Label Type:

<input type="checkbox"/> 3480 Style (3480/3490/3590/9840/9940)	<input type="checkbox"/> Mammoth / 8mm
<input type="checkbox"/> 3480 Style Cartridge ID ('D', 'E', 'J', 'K', 'R', etc...)	<input type="checkbox"/> 4mm
<input type="checkbox"/> LTO <input type="checkbox"/> Generation 1 (100GB / L1) <input type="checkbox"/> Generation 2 (200GB / L2) <input type="checkbox"/> Generation 3 (400GB / L3) <input type="checkbox"/> Generation 4 (800GB / L4) <input type="checkbox"/> Other (please specify):	<input type="checkbox"/> DLT <input type="checkbox"/> Super DLT (SDLT) <input type="checkbox"/> DLT IV <input type="checkbox"/> DLT III XT <input type="checkbox"/> DLT III <input type="checkbox"/> Other (please specify):
<input type="checkbox"/> AIT <input type="checkbox"/> AIT - 3 (100GB) <input type="checkbox"/> AIT - 2 (50GB) <input type="checkbox"/> AIT - 1 (25GB / 35GB) <input type="checkbox"/> Other (please specify):	<input type="checkbox"/> 3570 <input type="checkbox"/> Back <input type="checkbox"/> Spine
<input type="checkbox"/> S-AIT (Super AIT - 500GB)	<input type="checkbox"/> MO (Magneto Optical)
<input type="checkbox"/> Other (Please Specify):	

2. Library Manufacturer:

3. Library Model Name and / or Model Number:

4. Barcode Orientation (i.e.: Bottom means the barcode will be underneath the human readable characters):

Bottom **Top** **Right** **Left**

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Fax: 303-371-8643



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5. Character Color Palette:

- Hot** **Warm** **Cool** **Other (Please Specify):**
(Bright) **(Pastel)** **(Pale)**

6. Positional Color Palette (Please Specify: which color behind numbers or letters):

7. Does your label contain a check character (checksum)? **Yes** **No**

8. Specify a label indicator ('D', 'S', "L1", "L2", etc...), if any:

9. Job Type: **Serial** **Ad-hoc**

Starting Label:	
Ending Label:	
Number of Labels:	
Increment By:	

10. Additional Notes / Details: